	SENDER: COMPLETE THIS SECTION IIEd 06/	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A. Signature A. Signature A. Addressee
		B. Received by (Printed Name) C. Date of Delivery
	1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address belows No
	Arthur M. Leadingham 7001 Brockport Court Montgomery, AL 36117-8617	60 CM 30 (MUS)
	3,112,3011/-3017	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
		4. Restricted Delivery? (Extra Fee) ☐ Yes
	2. Article Number (Transfer from service label) 7006 03	00 0000 7144 1490
	PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540

Domestic Return Receipt

102595-02-M-1540